



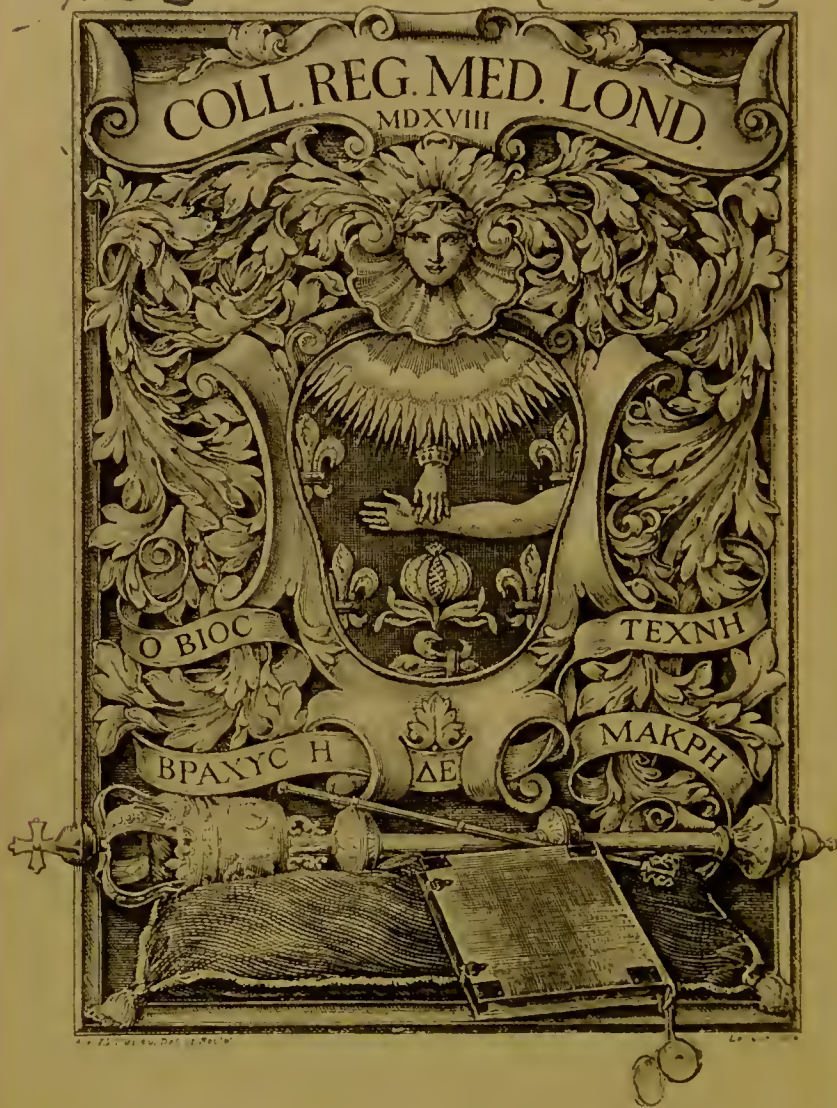
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MODELS  
OF  
DISEASES OF THE SKIN.



A CATALOGUE  
OF THE  
MODELS  
OF  
DISEASES OF THE SKIN

IN THE  
MUSEUM OF GUY'S HOSPITAL,

ARRANGED ACCORDING TO THE  
CLASSIFICATION OF WILLAN AND BATEMAN

BY

S. O. HABERSHON, M.D., LOND.

LICENTIATE OF THE ROYAL COLLEGE OF PHYSICIANS, ASSISTANT-PHYSICIAN TO GUY'S  
HOSPITAL, CURATOR OF THE MUSEUM, ETC.

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## P R E F A C E.

CONSIDERABLE additions of Models of Diseases of the Skin have been made to the Museum of Guy's Hospital during the last few years, which have rendered a revision of the Catalogue exceedingly desirable.

All observers of the Diseases of the Skin have felt the difficulty of forming a satisfactory classification of them.

Most have adopted an artificial arrangement; and that of Willan and Bateman has been, with some modifications, most generally adopted. At present many difficulties present themselves in the formation of a more natural and correctly pathological arrangement. The discovery of fungi in connection with several diseased conditions of the skin, render older classifications erroneous. *Porrigo* can no longer be correctly called a pustular disease; or *Sycosis* a tubercular one; or, perhaps, *Pityriasis Versicolor* a scaly one. *Acne* would be better placed as a follicular disease of the skin, than as a tubercular one. It has been considered, however, that, with few exceptions, it would be well at present to retain, as far as possible, the classification of Willan and Bateman, especially since that has for many

years been used by Dr. Addison, who has devoted much time to render the collection perfect and available for the better demonstration of cutaneous disease.

For the remarkable truthfulness of this collection we are indebted to the skill of Mr. TOWNE; and these models acquire peculiar value from being faithful records of Cases selected with great care by the Physicians and Surgeons of the institution.

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\* Several of the forms of porrigo are not truly pustular, but are connected with microscopical vegetable growth.

† Generally vesicular, arising from the presence of an acarus.



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\* Follicular disease of the skin.

† Arising from the development of fungi in hair follicle.

## STROPHULUS :—

1. STROPHULUS INTERTINCTUS. Model of the face of a child, presenting papulæ raised, and more or less inflamed.
2. STROPHULUS INTERTINCTUS. Model of the arm of a child, presenting inflamed papules, intermixed with red patches on the skin.
3. STROPHULUS ALBIDUS (with RUPIA). Model of the face and neck of a child, exhibiting numerous raised, uninflamed small pimples ; and on the neck are several cachectic rupial ulcers.
4. STROPHULUS CONFERTUS. Arm and shoulder of a child, presenting patches of inflamed papulæ ; on the axilla are several inflamed vesicles.
5. STROPHULUS CANDIDUS et VOLATICUS. This model presents the arm of a child with papular eruption ; some are smooth, shining, isolated, and elevated, without surrounding redness (strophulus candidus); others are small, circular clusters of four to ten papulæ, with circumscribed redness (strophulus volaticus.) On the arm two or three vesicles are also observed.
6. STROPHULUS CONFERTUS et CANDIDUS. Leg of a child, presenting several inflamed patches somewhat resembling urticaria, with other large isolated papules, and intervening red patches.
7. STROPHULUS CONFERTUS. Leg and thigh of a child ; several patches of inflamed papulæ, some clusters with surrounding inflammatory redness ; on the inner part of the thigh and leg, raised, shining vesicles.

## LICHEN :—

8. LICHEN SIMPLEX. Model of a thigh, covered on its anterior part with dull-red inflamed papulæ ; one or two vesicles are also present.

9. *LICHEN CIRCUMSCRIPTUS*. Leg and part of the thigh of a young woman, thickly studded with clusters of papulæ, moderately defined.

9<sup>5</sup>. *LICHEN CIRCUMSCRIPTUS*. Model of the shoulders and back of a man affected with lichen circumscriptus; the patches have become in several parts confluent. He had had it ten weeks when the model was taken, and afterwards it gradually subsided. The eruption did not produce much itching.

10. *LICHEN LIVIDUS*. This model represents the anterior part of the chest of a girl, æt. 12 years. The papulæ are raised, red, and intervening portions of the skin of a mottled red colour. Several ecchymosed blotches are also present.

The colour, in this case, had been modified by external applications—previously of a more purple colour.

#### PRURIGO:—

11. *PRURIGO MITIS*. This model exhibits the smooth uninflamed papules of simple prurigo, intermixed with minute black scabs.

This was from a man about thirty years of age, athletic, and otherwise in good health.

11<sup>10</sup>. *PRURIGO MITIS*. Model of the chest of a man, æt. 50, in whom papules exist over the whole trunk; some are colourless, others elevated and inflamed.

12. *PRURIGO SENILIS*. This model represents the back of an old woman, with numerous papulæ, and minute scabs. This case was of inveterate character, and unrelieved by treatment.

#### LEPRA:—

13. *LEPRA VULGARIS*. Model of the knee and leg of a young person, showing patches of scales more or less circular in form, with raised red margin; in the central portion the healthy skin is restored.

14. *LEPRA VULGARIS*. Model of an arm, showing a large leprous scaly patch, on the outside of the fore-arm, and other smaller patches in an earlier stage.

15. LEPRA VULGARIS. Model of the arm and hand of a girl; the scales small, circular, very numerous and elevated.
16. LEPRA VULGARIS. Model of the knee and leg of the same subject; the scales larger, more inflamed, and of a dusky colour.
17. LEPRA VULGARIS. Model of the thigh, knee and leg of a Dutch boy affected with lepra; the scales remarkably elevated.
18. LEPRA VULGARIS. Model of the arm and fore-arm of the same subject; the scales smaller in size.
19. LEPRA VULGARIS et ECZEMATODES. Model of the arm of a young woman affected with lepra; in some parts the red cutis is covered with thin scales, in others there appears to have been eczematous exudation.
20. LEPRA ALPHOIDES. Model of an arm affected with lepra alphoides; small, numerous, circular patches are clustered on the outer part of the arm.
21. LEPRA NIGRICANS. Model of the knee and leg affected with the dark, livid, circular patches of lepra nigricans.  
From a washerwoman, æt. 50, an out-patient.
22. LEPRA NIGRICANS. Model of the leg, showing small circular livid scales on the outer side.  
From a young man, æt. 27, an out-patient.
23. LEPRA NIGRICANS. Model of the outer and posterior part of a thigh of a young man affected with lepra nigricans. The patches of varied sizes, and of a lurid colour. Large patches were observed over the whole body.
24. LEPRA ECZEMATODES. Model of the scalp of a man affected with lepra eczematodes. The central scales remarkably vermiform and raised; where the scales have been removed, a raw, oozing surface is exposed. At the circumference dry scales, with some vesicles, are exhibited.



25. LEPRA ECZEMATODES. Model of the right arm affected on its anterior and outer side, with scales and scabs covering a raw surface. On the upper and inner arm are some drier, circular patches.
26. LEPRA ECZEMATODES. Model of the leg, foot, and thigh, of a girl, æt. 11½. Beneath a thick covering of scales a raw surface is observed. The subject was affected with struma, and the disease inveterate.
27. LEPRA ECZEMATODES. Model of the arm, fore-arm and hand, of a man affected with lepra, aggravated by a hot bath.
28. LEPRA ECZEMATODES (?). Model of part of the thigh and leg of a child; beneath the scales of lepra, is an inflamed surface, and here and there opaque vesicles are observed.
29. LEPRA VULGARIS. Model of the head and neck of a boy, showing the whole scalp covered with thick scales of lepra, on an inflamed surface; the external ear presents the character of eczema, the skin red and discharging; on the face the disease has the character of psoriasis; the eyelid is red and inflamed, showing strumous diathesis.  
  
Case of Albert Harris, æt. 12. Models 29, 30, 31, 32, and 33, are modifications of the same disease presented by this patient.
30. LEPRA VULGARIS. Model of the right leg, showing scaly patches of lepra vulgaris over the patella and on the inner side of the leg. Same patient.
31. LEPRA ALPHOIDES. Model of the shoulder and arm affected with lepra alphoides. Same patient.
32. LEPRA (with ECZEMA). Model of the abdomen, groin, and genital organs of the same patient affected with eczema.
33. PSORIASIS PALMARIS. Model of the hand, showing disease affecting the whole palm. Same patient.
34. LEPRA ALPHOIDES (passing into psoriasis). Model of the left



side of the chest and abdomen, affected with circular patches of lepra, passing into a state resembling psoriasis.

This patient was a cabman, æt. 35. He had had the eruption for six or seven years; it usually subsided in the winter, and became severe in the spring.

PSORIASIS :—

35. PSORIASIS GUTTATA. The anterior part of the chest and abdomen of a child, upon which are observed numerous small distinct spots, covered with thin scales; in some parts apparently irritated by scratching.
36. PSORIASIS GUTTATA. The model of the anterior part of the thigh, affected with small scaly patches of a purplish colour.
37. PSORIASIS GUTTATA. The leg and part of the thigh, affected with numerous patches of psoriasis guttata.
38. PSORIASIS DIFFUSA. Model of the abdomen and pubic region of a man, showing the irregular, rough, red patches, covered with thin scales. The surface appears to have been irritable.
39. PSORIASIS GYRATA. This model represents the side of the neck, affected with vermiform scaly patches of psoriasis gyrata.
40. PSORIASIS GYRATA. Model of the right shoulder and breast of a young woman, affected with irregular light-red patches, some of which are circular and covered with thin scales.
41. PSORIASIS LABIALIS. This model shows a cracked and fissured condition of the lips, with a tendency to scale; the remaining part of the skin of face was not in a healthy condition.
42. PSORIASIS PALMARIS (grocer's itch). The palm of the hand and internal surface of the fingers are affected with psoriasis; among the scales are dark points resembling the follicular disease, acne punctata.
43. PSORIASIS P. (washerwoman's itch). Model of the back of the hand and wrist of a washerwoman, presenting an inflamed surface covered by numerous fissures and cracks. This woman

had been in the habit of using soda; which has been observed in other cases of the same kind.

#### PITYRIASIS :—

44. PITYRIASIS VERSICOLOR. This model represents the breast and shoulder, with yellowish-brown irregular discolorations.
45. PITYRIASIS VERSICOLOR. This model represents the anterior part of the thorax, affected with irregular yellowish discoloration of the skin, covered with a slight whitish scurf.
46. PITYRIASIS NIGRA. This model represents the abdomen and pubic region of a young person, affected with deep-brown partial discoloration.

#### ICHTHYOSIS :—

48. ICHTHYOSIS FACIEI. Model of the face of a girl, æt. 11 years, presenting on the cheek, patches of thick, minute, quadrilateral aggregate scales of ichthyosis; smaller patches are observed on the forehead and scalp.
49. ICHTHYOSIS SIMPLEX. Model of the leg and thigh of a girl, æt. 12 years, covered with the permanent, dry, rough scales of ichthyosis.

She was a patient of Dr. Addison's in Mary's Ward. A younger sister, æt. 7 years, was in the hospital at the same time with a precisely similar condition of skin; both had been the subjects of it from their early infancy. The scales are shown to be raised, and to assume a puckered appearance round the popliteal space, leaving the skin healthy within that space. The same arrangement existed in both legs, and also at the bend of both arms.

50. ICHTHYOSIS SIMPLEX. Model of the arm of a boy, covered with minute quadrangular scales of ichthyosis.
51. ICHTHYOSIS. Model of the hand and fore-arm of a man, affected with ichthyosis, in whom this state of skin was hereditary, and had been in his family for several generations. He exhibited himself as the "Porcupine Man," was 45 years of age, athletic, and suffered no inconvenience from the disease. The disease appeared to be hereditary through the males, the females always escaping. This man had but one child, a girl, who was quite free from the disease.

52. *ICHTHYOSIS*. Fore part of thigh and knee from the same subject.

52<sup>5</sup>. *ICHTHYOSIS SENILIS*. Model of the leg of an old woman, æt. 70 years, affected with ichthyosis, which came on a few months before death.

53. *ICHTHYOSIS*. Model of woman's head, showing a horny growth from the scalp, situated above the left ear.

She was 50 years of age; the horny tumor was of 25 years' growth, and was supplied by three large vessels, requiring ligature; growth removed by William Nunn, Esq.

54. *ICHTHYOSIS*. Similar, but smaller growth from the skin, near the malar process of an old man. This was its second appearance, and of one year's duration. The first was of five years' growth, and not quite so large as the one shown in the model; it was removed by operation.

55. *ICHTHYOSIS*. Model of the back of the hand and forearm of a woman, æt. 70 years, exhibiting a horny growth from the skin above the wrist, of ten or twelve years' growth. At first the patient believed the growth to be a common wart, but, having tried every means to eradicate it, determined to be relieved from the annoyance by operation.

56. *ICHTHYOSIS*. The same: after partial removal it increased very quickly, so that in two years it would have attained its original size. The patient, however, died a few months after the operation.

57. *ICHTHYOSIS*. Model of the back of the right hand, showing a horny growth from its inner side.

Case of John Walker, æt. 83 years, he was an inmate of Lambeth Workhouse. The growth was at first mistaken for a common wart. In four years it attained the size shown in the model; and produced so much inconvenience from the severe pain that he was anxious, at all hazards, to have it removed by the knife. On account of his advanced age this was not done. He died a few weeks after the model was taken.

#### RUBEOLA :—

58. *RUBEOLA VULGARIS*. This model represents the face of a child, affected severely with measles.

59. RUBEOLA VULGARIS. Model of the abdomen and thighs of a child also affected with measles.
60. RUBEOLA VULGARIS. Model of the abdomen and chest of a child, exhibiting a deeply-congested state of the rubcolous patches.
- 61.

### SCARLATINA :—

62. SCARLATINA SIMPLEX. Model of the fore part of the thigh of a child, affected with scarlet fever in its mild form.
63. SCARLATINA SIMPLEX. Model of back of a child, exhibiting sudamina with scarlatina. (Scarlatina miliaris.)
- The foregoing models were taken from one of five children similarly affected.
64. SCARLATINA SIMPLEX. Model of the posterior part of the thigh of a child, affected with scarlatina.

### URTICARIA :—

66. URTICARIA EVANIDA. Model of the right arm of a woman, representing the wheals of urticaria surrounded by a slight inflammatory blush.
67. URTICARIA EVANIDA. Model of back of right arm, affected with similar wheals. He was 35 years of age, and had been the subject of this eruption for seven or eight years. It frequently appeared soon after he went to bed, and kept him awake during the greater part of the night.
- 67<sup>5</sup>. URTICARIA EVANIDA. Model of the arm of a man, aged about 40, presenting numerous small slightly raised circular wheals, with slight inflammatory base, and accompanied with severe irritation, but no general inflammation of the skin. These subsided in a few hours. No cause known for the disease. By occupation a brewer.



68. *URTICARIA FEBRILIS*. Model of right leg of a young child, covered with numerous slightly elevated wheals surrounded with an extensive inflammatory border.
69. *URTICARIA CONFERTA*. Model of the buttock and loins of a man, presenting large wheals of urticaria; the surface pale, and the margin inflamed; this condition extended over nearly the whole body. The man appeared in good health, and was not aware of any irregularity of the food, &c., to cause the disease. The irritation occasioned by this extreme condition of the eruption was less than that usually resulting from apparently milder forms.
70. *URTICARIA CONFERTA, ET TUBEROSA*. Model of the same patient, showing elevated, irregular, and tuberculated wheals; the redness less marked.

ROSEOLA :—

71. *ROSEOLA ANNULATA*. Model of the hand, affected with large, annular, roseate patches.
72. *ROSEOLA ANNULATA*. Model of the thigh and leg of a child, similarly affected.
73. *ROSEOLA VACCINA*. Model of the shoulder and arm of an infant, affected with rose rash subsequent to vaccination.

ERYTHEMA :—

74. *ERYTHEMA NODOSUM*. Model of a leg, showing several patches of erythema nodosum, and numerous small rounded tumours (*erythema tuberculatum*).
75. *ERYTHEMA NODOSUM*. Model of the leg of a young woman, showing a large inflamed patch of erythema nodosum. It was becoming livid in its centre, and had an ecchymosed margin.
76. *ERYTHEMA NODOSUM*. Model of the arm of a woman about 50, affected with erythema nodosum; at the upper part one of the inflamed patches was vesicating; others are surrounded with an extensive inflammatory circle. This patient was a washerwoman, admitted into Clinical Ward, 1852; the eruption was



general on the face, legs, arms, &c. She was exceedingly ill, and suspected to be suffering from irritant poison; but quickly recovered.

### ERYSIPELAS:—

77. ERYSIPELAS. Model of the face of a woman in whom the whole side of the face, and external ear are affected with erysipelas; the raised boundary of the inflamed part is well shown.
78. ERYSIPELAS. Model of the arm and hand of a woman, the whole skin of which is reddened from erysipelatous inflammation. Several large opaque blebs are found upon the surface.
79. ERYSIPELAS PHLEGMONODES. Model of the head and face of a man affected with erysipelas. There is swelling and redness of the whole face, ear, and forehead; the eyes are closed, &c.

### FEBRIS:—

80. TYPHUS. Model of abdomen, showing discolorations and measly rash, with some petechiæ, from a case of typhus fever. This patient had bowel irritation, and died in the hospital.
81. TYPHUS. Model of the abdomen, similar to the preceding.
82. TYPHUS. Model of the foot of a man, covered with petechial spots, taken during last stage of typhus; a short time before death.
83. TYPHOID. Model of the abdomen of a child presenting rose spots of typhoid fever.

### PURPURA:—

84. PURPURA. Model of the arm of a young man, affected with purpura, subsequent to vaccination.
85. PURPURA. Model of the thigh and knee of a child, exhibiting purpurous spots, and several diffused ecchymosed blotches.
- 85<sup>10</sup>. PURPURA URTICANS. Model of the leg and thigh of a little girl, æt. 6 years, presenting numerous wheals resembling urticaria, with ecchymosed blotches.

86. PURPURA HÆMORRHAGICA. Model of the shoulder and arm of a girl, aged about 20 years, affected with severe purpura. There was hæmorrhage from the eyes, nose, mouth, tongue, and gums; from the stomach and uterus, bladder, and bowels.

87. PURPURA SENILIS. Model of the inner side of the thigh, presenting large ecchymosed blotches, and spots of less size. At the knee there is a mottled appearance of the skin.

SCORBUTUS:—

88. PURPURA. Model of the right arm of a man, showing the spots of sea scurvy. Taken from a patient on board the Dreadnought.

89. PURPURA. Model of the thigh, knee and leg, showing large patches of ecchymosis in sea scurvy. From the Dreadnought.

POMPHOLYX:—

90. POMPHOLYX BENIGNUS. Model of the face of a child, affected with pompholyx. There are several inflamed papular patches, and more inflammatory action around the blebs than in ordinary pompholyx. The secondary scabs on the excoriated surface are also shown.

91. POMPHOLYX BENIGNUS. Model of the hand and arm of an infant, showing several large blebs, with slight inflammatory action around them.

92. POMPHOLYX DIUTINUS. Model of the back of the right hand of a man, affected with pompholyx; the blebs containing bloody serum.

93. POMPHOLYX DIUTINUS. Model of the thigh and leg of a man, affected with pompholyx (phlyctenodes); some of the blebs contain dirty-coloured serum, in others it is semipurulent.

94. POMPHOLYX. Model of a foot covered with large blebs of pompholyx; the blebs are opaque, probably arising from the patient's constitution having been injured by disease and mercury. Dr. Addison considered this to represent a not uncommon effect of eczema occurring in parts where the cuticle is remarkably thick and unyielding.

95. *POMPHOLYX DIUTINUS*. Model of the leg and foot of a woman. The patient was stout, and when admitted the whole body was covered with large blebs and scabs in various stages; she died after a short time, apparently from exhaustion and irritation.

**PEMPHIGUS:—**

96. *PEMPHIGUS GANGRENOSUS, vel RUPIA ESCHAROTICA*. Model of the leg of a child, presenting several large blebs; after the rupture of the blebs, ulceration and sloughing occurred in the affected parts; at the earlier stage the minute blebs are surrounded by inflammatory circle. The model was taken from a very imperfectly-nourished child, pale and flabby. The child was at the breast, and the mother in very indigent circumstances; she was admitted into the hospital, and in a fortnight the child was convalescent, without any other remedial means than improving the health of the mother.
97. *PEMPHIGUS GANGRENOSUS, vel RUPIA ESCHAROTICA*. Model of the arm of a child, in whom the blebs of pemphigus have ruptured, leaving several inflamed sloughing sores; one of the earlier inflamed blebs shown. The child was imperfectly nourished; an out patient. See 96.

**IMPETIGO:—**

98. *IMPETIGO FIGURATA*. Model of a boy's face, presenting circumscribed scabs on either cheek, the result of impetiginous pustules; isolated, commencing, pyodermic pustules are also observed.
99. *IMPETIGO SPARSA*. Model of the back of the hand of a man, showing portions of excoriated surface, with their crusts or scabs. (*Eczema impetiginodes?*)
100. *IMPETIGO SPARSA*. Model of the arm of a woman, covered with the scabs of impetigo; beneath is a highly-inflamed surface; at the margin of the diseased part are commencing pustules with inflamed bases. On the back of the hand is a circumscribed patch of similar disease.

101. IMPETIGO SCABIDA. Model of a leg, on which are several circular patches covered with thick crusts, from beneath which sero-purulent exudation is discharged; in the popliteal space is a more diffused patch of impetigo sparsa; in the intermediate part are isolated pustules.
102. IMPETIGO SCABIDA. Model of the anterior part of the leg, on which is represented a circumscribed raw surface, partially covered with the thick scab of this form of impetigo.
103. IMPETIGO SCABIDA. Model of the foot and leg, affected with impetigo scabida, greatly swollen with disease of the subcutaneous cellular membrane; it shows the remarkable fissured condition of the scab in this disease.
104. IMPETIGO SCABIDA. Model of the right foot of a child, showing several patches of thick fissured scabs, with an inflamed circumference. The toes are in a state of inflammatory œdema, probably connected with some local irritating cause.
105. IMPETIGO. Model of the hands of a woman, showing the nails of distorted figure and morbid growth, the result of impetigo near the extremities of the fingers.

PORRIGO. The observations of Schonlein, Remak, Gruby, &c., have shown that several of the forms of porrigo described by Willan and Bateman, are not pustular diseases, but consist of microscopic vegetable growth, in connection with the epithelium, the hair follicle, or the hair itself.

Porrigo lupinosa, favus of French writers, belongs to the first, porrigo scutulata and porrigo furfurans to the second, and porrigo decalvans to the third. In porrigo lupinosa the growth consists of flexible tubes—some of which contain sporules and of sporules. The growth is situated in depressions of the skin, and commences in the epithelium (Gruby). Alopecia is produced by compression and atrophy of the hair bulb. The crusts are composed of sporules, molecular granules, and, of interlacing tubes or fibres.

In porrigo scutulata the spores are formed in the interior of the follicles.

Porrigo decalvans consists in the degeneration of the hair by a vegetable growth on the external part of the hair, in the form of branching filaments which bear sporules.



106. *PORRIGO FURFURANS*. Model of the head of a child, representing numerous inflamed patches covered with thin scab-like exfoliations, beneath which are observed the hair follicles.
107. *PORRIGO FURFURANS*. Model of a child's head, presenting a less irritated state of the same disease as above.
108. *PORRIGO SCUTULATA?* Model of the chest and shoulder of a child, presenting circumscribed red patches, with red papular elevations. This child was at school, and several of the family, beside many others in the school, were affected with porriginous disease of the scalp.
109. *PORRIGO FAVOSA*. Model of the scalp of a child covered with the yellow scabs of *porrigo favosa*. The scabs circular, with elevated margins. The disease has extended over nearly the whole scalp, and has destroyed the hair in those parts.
- 109<sup>5</sup>. *PORRIGO FAVOSA*. Model of the face of a girl, æt. 18 years, presenting the honeycombed scab of *porrigo favosa*, with isolated straw coloured pustules.
110. *PORRIGO LUPINOSA*. Model of a portion of a scalp of a girl, æt. 13 years, affected with *porrigo lupinosa*. The spots are circular, isolated. A hair is observed to pass through many of them, and the scalp is inflamed about the spots.
111. *PORRIGO LUPINOSA*. Model of the head and shoulders of a girl, æt. 8 years. On the scalp the model represents numerous isolated mealy spots of a yellow colour, the circumference raised; the hair destroyed in the affected parts. On the shoulders are several commencing spots of the same disease.
112. *PORRIGO LUPINOSA*. Model of the shoulders of a girl, æt. 11 years, presenting a large cluster of the prominent rounded spots similar to those observed in the last model; the intervening skin is inflamed and red. She was the daughter of a gardener at Richmond; with dark eyes and hair, of ruddy complexion and healthful appearance.



113. *PORRIGO LUPINOSA*. Model of the back and arm of a young woman, in whom the porriginous crusts have become exceedingly thick and rugged. They are represented in their several stages of formation. Diffused ecchymosis is shown over the scapula.
114. *PORRIGO LUPINOSA*. Model of the nates and back of the thighs of a young man, representing patches of porrigo in a very aggravated form. The crusts are from one to two inches in thickness, of a yellowish-brown colour, resembling patches of dried plaster. The health of this man was generally good, he had been in the habit of exhibiting himself; and having come into the hospital for another disease, left prematurely to avoid being cured of this eruption.
115. *PORRIGO?* Model of the face of a man, presenting an eruption of porriginous character in a man who had had syphilis.

*ECTHYMA*:—

116. *ECTHYMA VULGARE* (vel *Luridum*). Model of the anterior part of the chest of a young person, representing ecthyma on the twelfth day of the eruption. The pustules are distinct and rounded, with inflamed bases, brownish scabs, in some parts dry and falling off. There is considerable inflammation in the neighbourhood of the pustules.
117. *ECTHYMA LURIDUM*. Model of the anterior part of the chest, of the same patient, on the fifteenth day, in whom the inflammatory zone is of a purplish colour.
118. *ECTHYMA CACHECTICUM*. Model of the face of a woman, æt. 29 years, who had a pustular eruption on the face. These pustules are isolated, and vary in size; some in process of formation, with more or less inflamed bases; others larger, and drying into thick scabs.

She was admitted into Charity Ward, under Mr. Morgan's care, in January, 1840, with ulcerated legs. A week after admission, the eruption first appeared on the face, head, and legs; afterwards the hands became affected, the body remaining perfectly free. The treatment consisted of iodide of potassium, alteratives, and anodynes. She left well.

She appeared to be a strumous subject, and had been under the influence of mereury. Two years before she had similar eruption, and was under Mr. Key's care.

119. *ECTHYMA CACHECTICUM*. A model of the same face as shown in model 118, with the thick scabs of ecthyma at a later stage; some about to fall off, other portions healed.
120. *ECTHYMA CACHECTICUM*. A model of the hairless scalp of the same patient as 118 and 119, presenting numerous pustules of ecthyma.
121. *ECTHYMA CACHECTICUM*. A model of the neck and part of the breast, affected with ecthyma; some of the pustules surrounded with a considerable zone of inflammation, others ulcerating. In a patient who had had syphilis.
- 121<sup>5</sup>. *ECTHYMA CACHECTICUM*. Model of the forcarm affected with ecthyma cachecticum.
122. *ECTHYMA LURIDUM FURUNCULUS*. Model of a thigh, affected with large pustules of ecthyma, with a dark-coloured inflammatory zone. There are several boils between the ecthymatous pustules.
123. *ECTHYMA ? IMPETIGO*. Model of the lower part of the back and nates, affected with a large circular line of ulceration, the result of ecthyma (?), and bearing some resemblance to impetigo.

Edward Dent, æt. 44, a wood-turner; twenty years before had syphilis; had had this ecthymatous eruption for five years, sometimes leading to profuse discharge.

#### VARIOLA:—

124. *VARIOLA DISCRETA*. First day. Model of the head and neck of a child, representing variola on the first day of its appearance.
125. *VARIOLA DISCRETA*. Second day. Model of the leg and foot of a younger child of the same family as 124, showing the eruption on the second day.

126. *VARIOLA DISCRETA*. Fourth day. Model of leg of the same child as 125, showing the eruption on the fourth day.
127. *VARIOLA DISCRETA*. Fifth day. Same patient as 125.
128. *VARIOLA DISCRETA*. Tenth day. Same patient as 125.
129. *VARIOLA CONFLUENS*. Fifth day. Model of the hand and arm of a patient affected with variola, at fifth day; in some parts confluent.
130. *VARIOLA CONFLUENS*. Sixth day. Model of fore-arm of a young woman, with smallpox; confluent on the fingers.
131. *VARIOLA CONFLUENS*. Seventh day. Model of the fore-arm of a child, affected with confluent smallpox; seventh day.
132. *VARIOLA CONFLUENS*. Ninth day. Model of the hand and fore-arm, showing the flat pustules of confluent smallpox.
133. *VARIOLA* (after *VACCINATION*). Model of the hand and fore-arm, representing the pustules of smallpox, large and distinct, after vaccination. This patient was the servant of Dr. Cholmley.

#### SCABIES:—

134. *SCABIES PAPULIFORMIS*. Model of the breast and shoulder of a young woman, showing the papular elevations in the mildest form of scabies; in some there is tendency to formation of vesicles. The model also shows the minute bloody crusts and abrasions from the great irritation and scratching.
135. *SCABIES PAPULIFORMIS*. Model of the inner part of the elbow and arm, showing papular and minutely vesicular eruption of simple scabies.
136. *SCABIES LYMPHATICA*. Model of the hand of a young woman, showing the vesicles of scabies at the union of, and between the fingers, and on the back of the hand. The vesicles are shown to be moderately pointed, isolated, and many surrounded by slight inflammatory redness.

137. *SCABIES LYMPHATICA*. Model of the hand of a young woman, showing the papular eruption of scabies, becoming and in some parts already pustular, with roseate inflammatory flush.
138. *SCABIES LYMPHATICA*. Model of the foot of an infant, aged three months, representing numerous slightly opaque vesicles of scabies.
- When a month old, had strophulus, and for six weeks had the eruption from which the model was taken; the mother had scabies at the same time. The child also had *porrigo favosa* of Willan.
139. *SCABIES PURULENTA*. Model of the hand of a young woman, presenting pustules of scabies between the fingers and on the back of the hand. Many of the pustules are surrounded by a faint inflammatory circle, and the whole back of the hand slightly œdematous.
140. *SCABIES PURULENTA*. Model of the arm and hand of a delicate strumous child, æt. 6 years. The eruption is in some parts vesicular and isolated, and in others pustular and inflamed. It had existed for more than five years, and was much aggravated during spring, and when any bowel irritation had been set up. The eruption was much mitigated by application of sulphur ointment.
141. *SCABIES PURULENTA vel CACHECTICA*. Model of the palmar surface of the hand of a young woman, showing large pustules on the flexor aspect and between the fingers; and on the palm and wrist, ill-conditioned and dark-coloured broken pustules.
142. *SCABIES PURULENTA et PAPULIFORMIS*. Model of the forearm, presenting at the upper part scabies in its milder form, but below a pustule, containing dark-coloured pus, and having an extended inflammatory circle; another ulcerating, and a third covered by a dark-coloured scab.
143. *SCABIES PURULENTA*. Model of the hand and arm of a child, affected with scabies. The child was evidently of a strumous habit, and considerable irritation of the skin had been set up, much resembling eczema.



144. SCABIES PURULENTA et CACHECTICA. Model of the knee and leg, presenting numerous pustules of scabies; in some parts leading to subsequent ulceration.
145. SCABIES PURULENTA et CACHECTICA. Model of the inner side of the leg, presenting scabies in vesicular and pustular form; at the lower part pustules with dark-coloured extensive inflammatory zone, and with commencing ulceration.
146. SCABIES PURULENTA. Model of the thigh, affected with scabies; the pustules large and isolated, containing dark-coloured pus, and followed by a dirty-coloured scab.
147. SCABIES PURULENTA. Model of the arm of a man, presenting large eethymatous pustules, mixed with the smaller pustules of scabies, and with syphilitic lichen.
148. SCABIES and ECZEMA. Model of the leg, affected with eczema, mixed with vesicles resembling scabies. She was in poor circumstances, and was in the seventh month of utero-gestation. The eruption was general, and of very obstinate ointment. After parturition, it yielded to tonics and sulphur character. She was a patient of Dr. Addison's, in Miriam Ward.

VARICELLA :—

149. VARICELLA with VACCINIA. Model of the back and shoulders of a child, æt. 9 years, in whom varicella appeared about three days after vaccination. The vesicles are in different stages; some minute, others full and conical, a few beginning to dry. The model was taken on the eighth day.

C. A. Key's Inspection Book, p. 61.

150. VARICELLA GLOBULARIS. Model of the leg of a child, presenting globular vesicles of varicella, surrounded with inflammatory zone; some of the vesicles are commencing, others fully distended, and others drying into scabs. This case was at first suspected to be one of pompholyx. The child who was placed in the next bed in the ward became affected with varicella of the ordinary character.

151. *VARICELLA GLOBULARIS*. Model of the leg of the same child as shown in 150, at a latter stage of the disease; some vesicles, however, are still developing themselves.

*VACCINIA* :—

152. *VACCINIA*. Third and fourth days. Model of an infant's arm, showing slight commencing inflammatory action and vesication after vaccination.
153. *VACCINIA*. Fifth and sixth days. The model of the sixth day shows the vesicle opaque, with slight inflamed zone and depressed centre.
154. *VACCINIA*. Seventh and eighth days. The vesicles larger, margin more prominent, and inflammation more extended.
155. *VACCINIA*. Ninth day. The model shows the bright-red circumscribed areola, surrounding the opaque vesicle at the ninth day after vaccination.
156. *VACCINIA*. Tenth day. The model shows the vaccine vesicle becoming brown, surrounded by slightly elevated inflammatory areola.
157. *VACCINIA*. Fifteenth and eighteenth days. The model shows the scab following vaccination, with slight desquamation of the surrounding skin.
158. *VACCINIA*. Model of the arm of a female, æt. 35 years, showing the formation of large pustules, with extended surrounding inflammation, on the sixth and seventh days after vaccination.
159. *VACCINIA*. Model of the same arm as shown in 158, but on the eighth day; the pustules becoming brown, and the erythematous inflammation extending nearly to the elbow; deep-coloured inflammatory areola immediately around the pustules.
160. *VACCINIA*. Model of the same arm as shewn in 158 and 159, but on the ninth day; with still more diffused inflammation, and with deep-red zone at the base of the pustule.

HERPES :—

161. HERPES PHLYCTENODES. Model of the arm of a young person, presenting numerous vesicles, isolated and in clusters, with inflammatory base; at the shoulder the vesicles are beginning to scab, while others are appearing in the axilla and on the arm.
162. HERPES PHLYCTENODES. Model of the lumbar and gluteal region of a child, presenting the scabs and several dull-red discoloured patches after herpes.
163. HERPES LABIALIS and PHLYCTENODES. Model of the face of a woman, presenting on the lip, vesicles of herpes; other vesicles are found upon the face, generally with considerable inflammation of the skin, and some œdema.
164. HERPES ZOSTER. Model of the back and shoulders of a young person, affected with herpes. It is almost exclusively confined to the left side, and has been taken about the fifth day; some of the clusters near the axilla are beginning to dry, others nearer the spine are smaller and at an earlier stage.
165. HERPES ZOSTER. Model of the right hypochondriac region of a child; presenting numerous clusters of vesicles, with slight surrounding inflammation, the clusters extending in an oblique line from the spine nearly to the umbilicus. Her sister had had similar disease at the same age.
- 165<sup>5</sup> HERPES ZOSTER. Model of the trunk of a boy, affected with herpes zoster at an advanced stage; the vesicles confluent.
166. HERPES ANNULARIS or CIRCINATUS. Model of the chest of a boy, æt 14 years, presenting vesicles with slight inflammatory base, arranged mostly in circular clusters.
167. HERPES CIRCINATUS. Model of the back of a child, presenting several large irregularly circular patches, the margin of a red colour and slightly raised, covered by and containing thin scaly scabs; several other smaller patches are observed, in which the circular arrangement of vesicles is observed, prior to the formation of scabs.

168. *HERPES CIRCINATUS*. Model of the right side of the abdomen, presenting several circular patches, with red slightly raised margins, covered by thin scabs on their inner side, and containing a paler central area; two of these circular patches have coalesced; small secondary, but circular clusters of vesicles, are observed within the more extended and older circles.
169. *HERPES CIRCINATUS*. Model of the upper part of the trunk of a girl, æt. 11 years, presenting numerous red circular patches, the result of herpes circinatus. On the apex of the shoulder is a cluster of minute vesicles of this form of herpes.
170. *HERPES CIRCINATUS*. Model of the thigh of a child, presenting several irregular, more or less curved lines, slightly raised, of a faint-red colour, and presenting several minute vesicles;—a form of herpes circinatus.
171. *HERPES CIRCINATUS vel IRIS*. Model of the arm and hand of a child, presenting several circular clusters of vesicles; the largest is on the arm, and nearly an inch in diameter. The centre is not prominent, nor vesicular, but the surrounding series of rings of vesicles have some approximation to the varying tints of herpes iris.
172. *HERPES IRIS*. Model of the arm of a young woman, presenting several herpetic clusters. The largest is of about eight days' duration, is nearly one inch in circumference, and presents at its centre several larger and prominent vesicles; this is surrounded by a ring of darker vesicles; the second is of a lighter, yellow colour; the third is perhaps a little darker, and is surrounded by a fourth series, and by an inflammatory zone; several of the other clusters show the vesicles confluent.

#### RUPIA:—

173. *RUPIA SIMPLEX*. Model of the back of a child, presenting vesicles of rupia. These vesicles are of various sizes, some nearly as large as a split pea, and with slight inflammatory circle; the serum in some opaque; several are drying, and are covered with scabs.



174. *RUPIA SIMPLEX*. Model of the leg and foot of a woman, presenting several opaque vesicles, somewhat flattened, and with slight inflammatory zone. On the leg is a red patch covered by thin scabs.

175. *RUPIA SIMPLEX*. Model of the arm, presenting several elevated scabs following simple rupia, and showing the discoloration of skin following the falling off of the scab.

176. *RUPIA PROMINENS*. Model of the face of a woman, which presents thick prominent scabs of rupia on the eyebrows, nose, chin, &c.

Made by M. de Lestre.

177. *RUPIA PROMINENS*. Model of the face of a man, presenting several prominent and conical scabs of rupia.

178. *RUPIA PROMINENS*. Model of the arm, showing a single limpet-shaped scab of rupia prominens, with ulceration at the base.

179. *RUPIA CACHECTICA*. Model of the face of a man, presenting rupia, in a constitution damaged by syphilis, &c.; there is ulceration at the base of the scabs, and on the forehead after, they have fallen off.

180. *RUPIA?* This model presents the face of a woman showing several deep-coloured scabs, with surrounding inflammatory action; the lips are covered by black scabs; on several parts of the face, oozing of sanious fluid is observed. There was severe constitutional disturbance.

181. *RUPIA (ULCERATION)*. Model of part of the thigh, showing extensive ulceration, after the falling off of the scab from rupia.

271<sup>50</sup>. *RUPIA (with ECTHYMA)*. Syphilitic.

3. *RUPIA ESCHAROTICA (with STROPHULUS)*. This model shows on the neck, ulceration after rupia in a child.



## MILIARIA :—

182. MILIARIA. Model of part of the chest of a female, presenting the skin thickly covered with minute vesicles containing clear fluid; and without any inflammatory redness of the skin.

182<sup>5</sup>. MILIARIA. Model of an arm, affected with miliaria.

## ECZEMA :—

183. ECZEMA SOLARE. Model of the hand of a woman, presenting numerous minute vesicles; with slight general inflammatory redness.

184. ECZEMA SOLARE. Model of the hand of a woman, presenting on the back and between the fingers numerous opaque vesicles; with slight inflammatory redness and swelling.

185. ECZEMA IMPETIGINODES. Model of the hand of a woman, presenting vesicles containing opaque serum, with considerable inflammatory redness; in some parts the skin is covered by thick, irregular crusts, produced by the drying of the discharged serum; some vesicles approach the character of impetiginous pustules.

186. ECZEMA RUBRUM. Model of the head and chest of a young man, everywhere covered with thick crusts of eczema, or exposing a red excoriated surface.

Drawing 153.

187. ECZEMA RUBRUM. Model of the head and face of a boy, affected with eczema; on the ear and cheek, minute, slightly opaque vesicles are observed; at the angle of the mouth and jaw are thick crusts covering an oozing surface; the disease extends some distance behind the ear.

188. ECZEMA RUBRUM. Model of the arm and side of the chest of an old man; the parts are covered with crust upon a slightly raw surface. This patient had been in a very destitute condition, and had had eczema for six months. He had not taken mercury. When brought to the hospital, he had obstinate diarrhœa, and sank one week after admission; some ulceration of the small intestine was observed.

189. ECZEMA RUBRUM. Model of the hand of the same patient as 188.
190. ECZEMA RUBRUM. Model of the anterior surface of the abdomen and chest of a young woman, presenting large thin crusts of eczema upon a raw surface beneath.
191. ECZEMA RUBRUM. Model of the thigh and part of the abdominal wall of a child, affected with eczema rubrum; isolated vesicles are observed upon the thigh; upon the abdomen are thin crusts upon a red surface, and in the groin an excoriated oozing surface.
192. ECZEMA RUBRUM. Model of the arm of a man, presenting numerous red patches, the result of eczema rubrum.
- 192<sup>50</sup>. ECZEMA ARSENICALE. Model of the hand of a man, covered with vesicles of eczema after having taken arsenic.

VERRUCA:—

279. VERRUCA. Model of the hand and arm of a man, affected with syphilitic tubercle, becoming warty, and with true verrucæ.
193. VERRUCA? Model of the back of a man, presenting numerous warty growths, flattened, fissured, and scaly, about one half to one inch in diameter. Numerous smaller, slightly elevated, and discoloured spots are also observed. Patient of Dr. Babington's.
- 193<sup>10</sup>. ANOMALOUS WARTY TUBERCLE. Model of the leg of a man, presenting peculiar warty eruption.

John Langdon, æt. 52, a florid healthy working man, who states that he has always enjoyed good health, was married at 17 years of age and never had any syphilitic taint; by trade a currier. The eruption began two years ago, on both legs, appearing at first as a smooth, hard glazed patch, with a mealy wart-like surface. This appearance never receded or died away; but a warty growth appeared at the part. Since the first appearance of the disease to the present time (July 1854,) the disease has steadily advanced.

## MOLLUSCUM:—

194. MOLLUSCUM. Model of the face of a girl, æt. 10 years, presenting on the lower jaw several small tubercles, and one larger and suppurating growth, about half an inch in diameter and one quarter of an inch in elevation.

This patient presented herself among the out-patients attending Dr. Addison. She was a delicate strumous child, and had two smooth tubercles situated on the integuments covering the descending ramus of the lower jaw, on the left side; these, in the course of a week, slowly underwent an imperfect kind of suppuration; on squeezing them between the fingers a quantity of cheesy matter exuded, leaving a warty-looking sore, which very slowly healed; a few days afterwards, other tubercles appeared, which underwent the same change; nor did they cease to appear for several months, when, under the use of medical alteratives and country air, the general health becoming improved, she had no more return. This girl attributed the origin of the tubercle to her playing with a school-fellow, who had a similar affection; and this patient certainly appeared to communicate this disease to an older sister and a child who lived with her; they had similar tubercular formations, for which, however, nothing was done.

See Drawing 160.

195. MOLLUSCUM. Model of the face of a child, presenting several smooth shining tubercles on the chin and eyelids. The nurse who brought this child to the hospital, and two other children of the same family, all had this disease.
196. MOLLUSCUM. Model of the face of a child, presenting numerous smooth shining pendulous tubercles on the face, on the eyelids, cheek, chin, &c.
- 196<sup>50</sup>. MOLLUSCUM. Model of the breast of a woman, presenting a pendulous tumour arising from follicular disease.
197. MOLLUSCUM. Model of the thigh of a young person, presenting several tubercles, from one sixteenth of an inch to three quarters of an inch in diameter. Some are smooth, others are surrounded by slight inflammatory circles, and several are considerably elevated, inflamed, and suppurating from irritating applications.

198. MOLLUSCUM. Model of part of the body of an old man, covered with cutaneous tubercles or tumours, varying in size, from one eighth of an inch to three inches in circumference ; some are sessile, others pedunculated ; in one the peduncle formed by flaccid skin is nearly four inches long ; some have secondary tubercles upon them. There are more than 300 of these growths.

The patient from whom this was taken, was about eighty years of age. The tumours had originated about his eighth or ninth year, the first upon his forehead. When the model was taken, there was a tumour as large as a melon at the back of the head, which, having been injured, bled considerably ; there was another on the nates, weighing sixteen pounds ; no part was exempt ; those on the limbs were more minute.

199. MOLLUSCUM. Model of the back of the same patient as shown in 198, presenting still more numerous, but smaller tumours.

#### VITILIGOIDEA :—

200. VITILIGOIDEA PLANA. (Addison and Gull.) Model of the face of a woman, of a jaundiced colour, and presenting on the eyelids irregular patches of skin, resembling parchment. The discoloration is most extensive near the inner canthus.

The patient was forty-two years of age, and had had jaundice for fourteen months, when vitiligoidea presented itself. The affected parts of the skin were increased in sensibility ; the cuticle appeared healthy, and the disease limited to the cutis. She died four years after commencement of the jaundice.—*Guy's Reports*, vol. vii, part 2, p. 267.

201. VITILIGOIDEA PLANA. (Addison and Gull.) Model of the hand of a woman, presenting parchment-like discoloration of the skin at the flexures of the fingers and palm. The woman had had jaundice for a considerable time. This model is from the same patient as 200. The hands and face were the only parts affected.

202. VITILIGOIDEA TUBEROSA? Model of the face of a woman, presenting on the cheeks and nose minute tubercles, slightly raised and flattened ; some of a red colour.

She was twenty-four years of age ; the changes the tubercles underwent were very slow.—*Guy's Reports*, vol. vii, part 2, p. 267.



203. VITILIGOIDEA TUBEROSA. (Addison and Gull.) Model of the hand of a woman, affected with chronic jaundice. The flexures of the skin are white and parchment-like, and slightly raised, and present in several parts flattened tubercles of similar colour; the plane and tubercular form of the disease are observed to pass the one into the other.

She was thirty-three years of age, and had had jaundice for fourteen months, when the vitiligoidea made its appearance; it slowly advanced.

204. VITILIGOIDEA TUBEROSA (Addison and Gull.) Model of the elbow-joint of the same patient as shown in 203, presenting tubercles over the olecranon; some are flattened, others raised and conical. Both eyelids were affected with the plane discoloration of the skin, and tubercles were observed on the ears, elbow, knee, superior surface of great toe, and fingers.

See *Guy's Reports*, vol. vii, part 2, p. 270.

205. VITILIGOIDEA TUBEROSA. (Addison and Gull.) Model of the arm of a man, presenting numerous tubercles, varying in size from enlarged papules of the skin to that of peas. The patient was twenty-seven years of age, and was admitted under Dr. Hughes' care, with diabetes. The eruption appeared somewhat suddenly on the arms, at first resembling lichen.

"In the course of ten days it had extended over the arms, legs, and trunk, both anteriorly and posteriorly; also over the face, and into the hair; it consisted of *scattered tubercles of various sizes*, some being as large as a small pea, together with shining colourless papules. They were most numerous on the outside and back of the forearm, and especially about the elbows and knees, where they were confluent. Along the inner side of the arms and thighs they were more sparingly present, and entirely absent from the flexures of the larger joints. Besides the compound character produced by the confluence of two or three tubercles, many of the single ones had also a compound character, or appeared to have such, as shown by the prominent whitish nodules upon them.

"Some looked as if they were beginning to suppurate, and many were not unlike the ordinary molluscum; but when incised with a lancet, they were found to consist of firm tissue, which, on pressure, gave out no fluid save blood. They were of a yellowish colour, mottled with a deepish rose-tint, and with small capillary veins here and there ramifying over them; they were attended with a moderate amount of irritation, hence the apices of many of them were rubbed and inflamed. The nature of the eruption



gave rise at first to much discussion. On its first appearance, some suspected it to have a secondary venereal appearance, but there was nothing in the case, nor, indeed, in the character of the eruption, when carefully examined, to support this view.

"The only cutaneous affection with which we could associate it, was that of a young woman, (No. 202) whose case we have given above, where the tubercles had occurred in the face only. The eruption continued almost stationary from the end of January to the beginning of March, when many of the tubercles began to subside, leaving no obvious change in the texture of the skin. At the end of March, the patient left the hospital, and the further course of the case was not ascertained."—Paper by Drs. Addison and Gull, in *Guy's Reports*, vol. vii, part 2.

206. VITILIGOIDEA. TUBEROSA (Addison and Gull.) Model of the hand of a young man, affected with chronic jaundice, and presenting on the dorsum a lichenous eruption, becoming tubercular. He was about eighteen years of age, and was admitted under Dr. Barlow's care into Job Ward. The cause of the jaundice was obscure, and the disease very persistent. He left the hospital unrelieved. The affection of the hands was sometimes relieved for a few days, but continued in the condition shown in the model at the time of leaving the hospital. He was an in-patient for five or six months.

207. VITILIGOIDEA? (Anomalous tubercle.) Model of an œdematous leg, presenting numerous tubercles, varying in size from a pin's head to a pea. Some are of a light-red colour, others deeply injected, others have only the colour of the surrounding skin: in some parts there is ecchymosis. The skin generally is of a yellowish-red appearance, in some places almost purple. There was no history of syphilis, and the patient left the hospital partially relieved.

#### ACNE:—

208. ACNE PUNCTATA. Model of the back and shoulders of a young person, affected with acne punctata.

208<sup>5</sup>. ACNE PUNCTATA. Model of the face of a young man, presenting acne on the forehead; this patient was a shoe-maker, and the disease was well-marked on the shoulders and chest, as well as on the face.

209. *ACNE INDURATA*. Model of the face of a man, presenting numerous follicular tubercles, of a deep-red colour ; some slowly suppurating.
- 210 *ACNE INDURATA*. Model of the face of a man, presenting various tubercles of acne ; some slowly suppurating, others are of a deep-red ; they are situated principally on the cheeks and eyebrows.
211. *ACNE INDURATA (et ROSACEA)*. Model of the face of a man, presenting pustules of acne studded upon the face, some of them with slight surrounding inflammation. The nose is much enlarged, and covered with tubercles, upon a red inflamed surface ; some of these are confluent, and yellow at their summits.
212. *LICHEN URTICATUS*. Model of the face of a woman, presenting red papular eruption on the forehead and cheeks.

Case of Sarah Markham, æt. 36, had had the eruption for seven years, it came first on the right leg, then on the arms and face ; the parts affected became swollen and then burning hot ; but there was no discharge from it. This has been misplaced, on account of the disease having been mistaken for acne.

#### SYCOSIS :—

213. *SYCOSIS MENTI*. Model of the face of a man, presenting pustules of sycosis, in severe form, upon the chin, upper lip, and sub-maxillary region ; these pustules are in clusters, and in some parts coalescing ; in other parts the skin presents elevated red tubercles or pustules.
214. *SYCOSIS MENTI*. Model of the lower part of the face of a man, presenting the whole of the surface of the lower jaw and upper lip, covered by almost confluent pustules, with hairs emerging from them.

Sycosis, or mentagra, has been shown to consist in the development of fungi at the hair follicles. The growth is composed of an immense number of sporules and filaments, and does not extend beyond the surface of the skin.

#### LUPUS :—

215. *LUPUS*. Model of the face of a woman, presenting superficial ulceration of the skin of the nose, cheeks, and lower lip. There

are scattered red tubercular elevations on the margins of the ulcers, the edges are raised and injected; the ulcerated surface of a lighter colour. She was the subject of syphilis, and was cured by the administration of iodide of potassium.

216. LUPUS. Model of the face of a man, presenting irregular ulceration of lupus on the cheek. The diseased part is covered by almost black scabs. There is similar ulceration of the eyebrow and left temporal region.
217. LUPUS. Model of the face of a man, affected with lupus. The nose, cheeks, and lips, are covered with yellowish scabs, and present oozing from the inflamed and ulcerated surface beneath. The bones and mucous membrane of the nose are also ulcerated. The conjunctiva is inflamed, and the left eyelid partially everted.
218. LUPUS. Model of the face of a woman, æt. 40, who died in the hospital from lupus. The whole countenance was changed by the destruction of the bones and mucous membrane of the nose. The lips and angles of the mouth were ulcerated and destroyed, so that the teeth and tongue protruded. The eyelids are everted, and sight almost destroyed. There is caries also of the frontal bone. She was in the hospital for five or six years, and there was no evidence of any syphilitic affection. On inspection, there were found a few scattered tubercles in the lungs, and slight ulceration in the appendix-cæci. The skull is preserved. See prep. 1087<sup>48</sup>.•
219. LUPUS. Model of the upper part of the chest, presenting irregular cicatrization and contraction; at the margin, partial tubercular elevation and scabs.
- 219<sup>20</sup>. LUPUS. Model of the hand of a woman, presenting superficial ulceration in a scrofulous subject, resembling lupus.
- 219<sup>21</sup>. LUPUS NON EXEDENS. Model of the face of a young woman, presenting ulceration of lupus on the left cheek, on the nose, chin, and inner canthus of the left eye. The margins are red and tubercular, and the disease gradually extending.

219<sup>22</sup>. LUPUS NON EXEDENS. Model of the right arm of the same patient as 219<sup>21</sup>, presenting raw ulcerated surface of lupus, in parts scaly; healed in the centre and at one part of its margin, but gradually extending at another part.

219<sup>23</sup>. LUPUS NON EXEDENS. Model of the elbow of the same patient as 219<sup>21</sup> and 219<sup>22</sup>, presenting a patch resembling lepra. On the outer side is an isolated pustule, of very slow formation, which the patient described as the commencement of the disease in every instance.

These models were from Maria Tibble, æt. 27; she had had the eruption from seven years of age; it came first on the right hand, then on the face. It always appeared first as a spot like that on the forearm (219<sup>23</sup>); this increased, and suppurated very slowly, in two years attaining the size of a hen's egg; these abscesses then broke, and discharged dark brownish pus for several weeks, the margin then slowly ulcerated, and the centre healed. She always enjoyed good health in other respects, excepting an attack of scarlet fever eight years ago; since that attack the lupus has been less severe.

#### KELOID;—

220. KELOID (Addison). Model of the right breast of a woman, affected with keloid, supposed to be cancerous ulceration. Extending from above the nipple to the axilla, is a curved depressed furrow, resembling a cicatrix, and having raised, dull red margins, presenting several tubercular elevations of a paler colour. Beyond this reddened portion, the skin is a dingy brown hue. The nipple is obliterated, and in the place of it a curved fissure, with whitish tubercular margins; red, and afterwards brownish, discoloration. The axilla has a similar discoloured appearance.

Case of Eliza Kennedy, æt. 31 years, a patient of Mr. Birkett's, residing at Deptford.—She was a widow, and had had eight children. She had suckled them, and had enjoyed good health. She applied for advice on account of pain under the arm, December, 1851. The right nipple was congenitally retracted, but this had become more complete since the commencement of the disease. She was suckling at the time she discovered the change in her breast. She complained of pain down the arm and numbness, but no axillary enlargement could be detected. The skin affected felt thick and parchment like.



In January, 1854, Mr. Birkett states that the disease had very slowly increased during the year 1853. She is stout, and appears in good health, but she complains of pain, sometimes very acute, in the part affected. The patch on the arm is also a little larger.

Much better when last seen, in March, 1854.

221. KELOID (Addison). Model of the arm of the same patient as shown in 220, presenting a patch of keloid disease on its outer side. The diseased part is two and a half inches long, and half an inch broad, and has a whitish, cicatrised, and slightly wrinkled appearance; a faint, red margin surrounds it.

222. KELOID (Addison). Model of a part of the back of a young woman, presenting a large, pale yellow discoloured surface of keloid, at an early stage; it is about four inches in diameter. In some parts the colour is opaque, and surface slightly wrinkled. The margin is red and inflamed, and the skin generally congested. Other discoloured patches are observed.

“Eliza Watkins, æt. 19 years, of ruddy complexion, and well-looking, with light eyes, and hair tending to red, presented herself as an out-patient of Guy’s Hospital, June, 1853.

“She was in the situation of lady’s maid, and had been for some time residing at Cheltenham. Her general health was good, and at this time apparently undisturbed. She had been suffering from pain and stiffness in the left arm and left leg, for which she was then seeking relief.

“The first appearance of the disease had been noticed twelve months previously, when a small white spot, about the size of a shilling, was observed on the left side; but, as neither pain nor inconvenience resulted from it, no anxiety was felt till about eleven weeks prior to her appearance at the hospital, when she first became sensible of pain, attended with a dragging sensation in the left arm and left leg; both limbs being affected simultaneously. Poppy fomentations were applied for some time, but the disease still made slow and steady progress.

“On application at the hospital the limbs presented but slight indications of the disease, which principally consisted in a hard skin-bound, drawn appearance, on the limb being extended: through the whole length, however, of both arm and leg, a rigid band could be felt, which gave to the touch the impression of some inelastic substance tightly stretched beneath the integument.

“The shoulders presented a mottled appearance, and had several whitish patches with inflamed margins, interspersed with numerous small tubercular growths. There were several spots which nearly surrounded the right nipple, and others were observed about the neck and breasts. The spots on the left side, where the disease had first presented itself, had



attained the size of a five-shilling piece, and a band passed from it upwards towards the cartilage of the ribs, and downwards towards the pubes.

"Two months later the pain in the arm and leg had much increased, with a feeling of shortening in the limbs affected, and after sitting for some time it was with difficulty that the foot could be extended.

"The band down the arm had become more distinct, and had assumed a slightly tendinous and glistening character. This band had now several lateral prolongations. A fresh spot had appeared on the upper lid of the left eye, and a second on the outer side of the right leg. Those on the shoulders had become more evident; the larger one had increased in size, become yellowish in colour, glazed on its surface, hard to the touch, and did not move freely with the surrounding integument." —*Notes by Mr. Towne.*

223. KELOID (Addison). Model of part of the abdominal surface of the same patient as model 222. It represents a raised sinuous line, extending from the margin of the ribs to the pubes. This line is about half an inch in breadth, of a dull yellow colour, and slightly wrinkled. In some parts there is inflammatory redness. In the groin is a similar elongated patch.

224. KELOID (Addison). Model of the left arm of the same patient as shown in models 222 and 223. It presents an irregular, dull yellow, slightly raised, and contracted ridge of keloid disease, extending the whole length of the outer side of the arm and fore-arm.

225. KELOID (Addison). Model of the right thigh of a girl, æt. 11 years, presenting keloid disease in a rather advanced stage. The diseased surface of the skin extends from the groin to the leg, in the direction of the sartorius muscle; it is nearly two inches in breadth, brown, irregular, contracted, and raised in the centre. External to this, is a pale, whitish band, about a quarter of an inch in breadth. The general surface of the skin is considerably congested.

Case of Louisa Burston, æt. 11.

226. KELOID (Addison). Model of the inner side of the popliteal space of the same patient as shown in 225, in which the keloid disease is observed to become less elevated in the popliteal space, and afterwards to extend down the inner side of the leg.

227. KELOID (Addison). Model of the abdominal surface of a child, presenting an irregular, brown, contracted surface, extending from the serobieulus cordis horizontally on the left side. It presents numerous light brown patches, slightly raised, with a zone of deeper colour. At the extremity of the discoloration, the skin is wrinkled. Below the umbilicus, on the same side, are several similar diseased patches, and on the upper parts and to the right are isolated pale portions, with faint red margins, showing the disease at an earlier stage. The cutaneous veins on the left hypochondriac and umbilical regions are considerably enlarged, and the skin very slightly discoloured.

Case of Elizabeth Alexander, æt. 12 years.—She was born in the country, a good looking child, of florid complexion, and the hair and eyes of a dark colour. She was admitted, November, 1852, into Guy's Hospital under Dr. Addison's care. Her father was a shepherd, and with the mother, five brothers, and three sisters, enjoyed excellent health; the child herself well fed.

On admission, discolorations and scars very similar to the cicatrices after burns, were observed on the chest, dorsal region, and along the left leg.

The elbows and some of the fingers were strongly contracted, and the disease was most marked on the left side of the body. She did not suffer pain; nor was pain produced by pressure on the affected parts.

Six years before admission a white speck formed on the left side of the serobieulus cordis, this gradually increased, and the skin became darker. Below the left clavicle were a number of white spots, like the scars of leech bites. This the mother stated was the part first affected; it was quite smooth, but the indurations near the scorbieulus cordis had become resisting, of a light brown colour, and gave off tough cords.

Each of these diseased spots gave off indurated lines in various directions. The tissues beneath were firm and adherent.

The movements of the shoulders were limited by the dense indurations and contractions upon them, most marked at the posterior edge of the deltoid, and near the insertion of that muscle. Some dark coloured spots were observed beneath the clavicles.

The elbows and wrists were fixed; the right thumb and ring finger, and the four fingers of the left hand were firmly flexed. There was a light brown patch in the left gluteal region, the skin fixed, and long bands and ridges extended to the knee. She left the hospital unrelieved.

(See Drawing 158<sup>45</sup>.)

228. KELOID (Addison). Model of the shoulder and side of the chest of the same patient as shown in 227. The diseased surface extends from the spine of the right scapula to the elbow, and has an appearance much resembling the cicatrix of a burn. At the lower part, it has a slightly raised and contracted parchment-like appearance, the margin irregular and pale, at the central portion more raised and irregular, and covered with white scales. At the shoulder is a contracted red band, with brown discoloration extending some distance from it, and with a white margin. Several smaller isolated discoloured portions are observed in the scapular and infra clavicular regions, and a similar diseased patch extends into the axilla.

229. KELOID (Alibert). Model of a part of the chest of a man, presenting two large tubercular elevations of the skin. The larger one is nearly two inches in circumference, and elevated about half an inch above the surface; the central portion is smooth and shining, and presents minute vessels passing inwards; the margin is livid and irregularly wrinkled, and this inflamed zone is surrounded by dingy discoloration of the skin, extending for two or three inches around the tumour. Beneath these tumours two smaller ones are observed, of a red livid colour.

Case of William Garratt, æt. 37. (See Drawing 158<sup>51</sup>.)

229<sup>10</sup>. KELOID (Alibert). Model of a tumour from the same patient as 229. The growth became much larger, and was removed by Mr. Whateley, of Great Berkhamstead. At present, two years since the operation, it has not returned. The tumour consisted of dense fibrous tissue.

(See Drawing 158<sup>57</sup>.)

230. KELOID (Alibert). Model of the anterior thoracic region of a young woman, presenting a single tumour, about an inch and a half in diameter, and nearly a quarter of an inch above the surrounding skin; its surface is shining, and presents numerous capillary vessels; on its right side the skin is wrinkled, and the tumour surrounded by brown discoloration.

This tumour was removed by Mr. Cock, in consequence of the pain which it occasioned. (See Drawing 158<sup>53</sup>.)

231. KELOID (Alibert) ? Model of a portion of the back of a young healthy-looking woman, presenting several prominent tumours, which were believed to be carcinomatous. One of these was removed by Mr. Key, but the disease returned ; they vary in size from half an inch to two inches in diameter ; they were of slow growth.

231<sup>10</sup>. KELOID (Alibert). Model of the breast of a young woman, presenting two tubercles of keloid, red, raised, and wrinkled ; numerous smaller tubercles, with whitish summits, are observed at the scrobiculus cordis.

She was a girl about twenty years of age, in the hospital under Dr. Addison's care. She was stout and hysterical. There was increased sensibility in the tumours. (See Drawing 158.<sup>50</sup>)

231<sup>11</sup>. KELOID (Alibert). Model of the other breast of the same patient as 231<sup>10</sup>.

#### ELEPHANTIASIS :—

232. ELEPHANTIASIS. Model of the face of a man, presenting the skin of the whole face thickened and tuberculated ; the skin is of a dull brown colour.

He was a young man, æt. 20, who had been in the West Indies. The legs and toes were also affected ; he appeared to die from the exhaustion consequent on diarrhœa. On inspection, no visceral disease was detected beyond irritation of the mucous membrane.

The hair had fallen from the scalp and body generally.

233. ELEPHANTIASIS (or West Indian Leprosy). Model of the gluteal region of a man affected with cow bey, or West Indian leprosy. The model represents brown discoloration of the skin, with several depressions or pits, about a quarter to half an inch in diameter, and of a paler colour ; there was complete anæsthesia.

The model of Francis Romieux, æt. 36, who died in the Kingston Hospital, Jamaica. He was born at St. Martin's, of creole parents ; at sixteen years of age, had numbness of the left hand and feet, and soon contraction of the left fingers ; when thirty-three years of age, he had superficial ulceration of the fingers, and three years later, scaliness of the hand with itching ; on the foot were several brown raised tubercles.

(Second Note Book, p. 47.)



233<sup>5</sup>. ELEPHANTIASIS (or West Indian Leprosy). Model of the left hand of the same patient as shown in 233, presenting contraction of the fingers and general scaliness.

233<sup>10</sup>. ELEPHANTIASIS (or West Indian Leprosy). Model of the left foot of same patient as 233, showing brown elevated tubercles on its outer side.

234. ELEPHANTIASIS (or West Indian Leprosy). Model of the face of a man, presenting on the cheeks and forehead several raised dull red tubercles, with lighter coloured, irregular, and depressed centre; small commencing tubercles are observed on the eyebrow; on the temple are several tubercles, which appear to be extending and passing one into the other, so as to isolate a portion of healthy skin. This man was about fifty years of age, and had resided for eighteen years in Jamaica (see model 233).

The disease commenced on the face; there was no loss of sensibility in the affected parts; the voice became slightly hoarse while under observation.

235. ELEPHANTIASIS (or West Indian Leprosy). Model of the arm, showing several patches of a dull red colour, and hard, with minute, deep coloured papular elevations: the centre of the patches paler. From same patient as 234.

235<sup>5</sup>. ELEPHANTIASIS (or West Indian Leprosy). Model of the buttock, in the same condition as 235, and from the same man.

235<sup>10</sup>. ELEPHANTIASIS (or West Indian Leprosy). Model of the leg of the same patient as 234, presenting tubercles and large patches, as before described. The heel presents an elevated hard isolated tubercle; an earlier form of the same disease.

236. ELEPHANTIASIS (or East Indian Leprosy). Model of the left arm of a boy, presenting numerous tubercles of a dull red colour, varying in size from a pin's head to a pea; the skin generally is congested; but at the elbow, above the wrist, and on the fore-arm are several brown discoloured patches of the skin. There was no loss of sensibility or alteration of voice.

Dr. Addison's patient.



237. *ELEPHANTIASIS SPURIA*. Model of the face of a man, presenting the skin of the whole face thick and tuberculated, and of a dull red colour; the alæ of the nose and the lips are much thickened.

The patient, Dennis Murphy, was twenty-nine years of age, and was in the hospital twice. He had never been out of England, and denied ever having had syphilis. The skin of the face became more and more thickened and tubercular, and the whole body was affected, but in less degree; there was loss of sensation at first in the little finger, afterwards extending to the other fingers; the skin of the hand became at first slightly swollen and red, afterwards more discoloured, swollen, and presented the brown discolorations shown in the model, with scales. The foot was at first red, the skin thickened and discoloured, and slightly scaly, afterwards thick scales formed upon it, and the toes became very much congested. On the arm there were red tubercles, and brown raised discolorations of the skin. His voice became exceedingly feeble, and his strength gradually failed.

On inspection, the cellular tissue of the whole skin was found to be considerably thickened and hypertrophied; the body was very offensive, and partially decomposed. The larynx was found to be extensively ulcerated, and the submucous tissue hypertrophied. The ulcerated condition of the mucous membrane extended nearly to the bifurcation of the trachea. The pleura was adherent, but the lungs were healthy. The liver, kidneys, and intestines were also healthy.

Drawing 194<sup>55-56-57-58-59</sup>, were taken on his first admission, April, 1852. Drawings 194<sup>60-61-62</sup>, show the state a short time before death; and 194<sup>63</sup>, the condition of the larynx.

238. *ELEPHANTIASIS SPURIA*. Model of the right hand of the same patient as 237, showing the general thickening of the skin, discoloration, and scaliness at the flexures.
239. *ELEPHANTIASIS SPURIA*. Model of the fore-arm of the same patient as shown in 237, presenting enlargement of the papillæ of the skin, with red tubercles, and surrounding brown discolorations.
240. *ELEPHANTIASIS SPURIA*. Model of the foot of the same patient as shown in 237, presenting great thickening of the whole skin, congestion of the toes, and scales at the flexures of the joints.

241. **ELEPHAS** (or Barbadoes Leg). Model of the leg and foot of a negro. There is enormous effusion into the cellular tissue of the whole leg and foot, and there is a chronic ulcer on the anterior surface of the leg.
242. **ELEPHAS** (or Barbadoes Leg). Model of the leg of a woman, in whom enormous effusion had taken place into the cellular tissue, giving the leg the appearance of several very large united fatty tumours; the leg is about thirty inches in circumference, and presents thick scales, brown on its anterior surface; the skin beneath inflamed. The dorsum of the foot is very much enlarged and congested.
243. **ELEPHAS**. Model of the leg of a lady, æt. 60, similarly affected; the skin on the anterior surface of the leg is covered with white, slightly raised discolorations, and the surrounding skin is of a brownish colour, and presents several enlarged veins beneath the surface.

She was the widow of an officer who had resided for many years in the West Indies. She died of dropsy about a year after the model was taken. A patient of Dr. Young's, of Kennington.

#### FRAMBŒSIA —

244. **FRAMBŒSIA?** (Yaws, or Sibbens?). Model of the arm and shoulder of a woman, presenting numerous rounded tubercular elevations, of a dull red colour, and varying in size from one eighth of an inch to one inch in diameter; on the outer extremity of the clavicle is a large ulcer, about five inches in circumference, its edges much raised and inflamed, and its surface covered with sloughing tissue and pus. Other tubercles on the arm and shoulder are shown, with ulceration commencing at their apices; in others, ulceration is extending at the margin. The tubercles on the hand are generally much smaller in size.

#### MELASMA (SUPRA RENALE OF ADDISON):—

- 245 **MELASMA OF ADDISON**. Model of the face of a man, whose skin had assumed a dingy brown colour, believed by Dr. Addison to arise from disease of the supra renal capsule. This man was admitted into Guy's suffering from loss of strength and energy.

He left the hospital unrelieved. This discoloration had come on gradually. He continued to lose strength, and died a few weeks after he left the hospital.

245<sup>b</sup>. MELASMA OF ADDISON. Model of the hand and part of the fore-arm of the same patient as shown in 245, having similar discoloration of the skin.

246. MELASMA OF ADDISON. Model of the hand and fore-arm of a woman, presenting irregular and brown discoloration of the skin: it is not universal. This patient had been in poor health for several months; part of her hair had become of a grey colour, and one eyebrow had changed to white. It was attributed to diseased supra renal capsules.

#### EPHELIS:—

247. EPHELIS. Model of the arm of a young man, affected with irregular patches of ephelis: they are of a dusky brown colour, and slightly elevated.

#### NÆVI:—

248. NÆVUS PIGMENTARIS. Model of part of the chest and abdomen of a child, presenting a deep brown, slightly raised discoloration of the skin (nævus); its surface irregularly fissured.

249. NÆVI PIGMENTARES. Model of the arm of a child, presenting numerous brown discolorations of the skin; several are one to one inch and a half in circumference, and covered by thickly set, long brown hair; the smaller nævi have also similar fine hair arising from them.

250. NÆVI VASCULARES. Model of the face and breast of a child, presenting several tumours resembling vascular nævi; several are situated on the scalp, another on the cheek, and three on the chest; they were successively developed after birth.

251. NÆVUS VASCULARIS. Model of the face of a man, affected with vascular nævus; the whole of the right cheek is affected, and of a livid colour; the eye closed by great swelling of the

lids; the upper lip pendulous from its great size; it extends nearly to the median line and to the ear.

At the angle of the mouth is an ulcerated surface, nearly two inches in length. The nævus had greatly increased in size, and an attempt had been made to repress it by ligature. He was a waterman by trade; a patient of Mr. Morgan's. Both external carotids were tied. The disease was but slightly relieved; and fifteen years afterwards appeared to be in the same condition.

252. NÆVUS VASCULARIS. Model of part of the face of a child, presenting on the forehead an elongated vascular nævus; it is about three inches in length, livid, and presenting minute vessels towards its centre, and surrounded by a yellowish ecchymosed margin.

253 NÆVUS VASCULARIS. Model of the arm and shoulder of an infant, presenting a large vascular nævus covering the whole anterior surface of the shoulder and arm, and passing into the axilla. It is considerably raised, and of a purple livid colour. The disease congenital.

254 NÆVUS VASCULARIS. Model of part of the arm and fore-arm of a young man, presenting livid discoloration and tumefaction at the elbow from vascular nævus; the skin at the anterior surface of the part presents numerous small tubercles, some about one sixteenth to one eighth of an inch in diameter, and of a light brown colour; some rather larger, and of a deeper colour; the larger ones covered with incrustation of blood, apparently arising from scratching or irritating application.

255. NÆVUS VASCULARIS. Model of the lumbar and glutea region of a child, the whole of which is of a livid colour, and at the margin of this patch there is irregular swelling, and several almost black points, as if from effusion of blood beneath. Minute capillaries are observed in some parts, and the whole is surrounded by a light brown ecchymosed border.

#### SYPHILIS :—

256. LICHEN SYPHILITICUS. This model presents the back of a young person, thickly studded with dusky red papulæ following syphilis; several intermixed vesicles.



257. *LICHEN SYPHILITICUS*. Model of the face of an adult male, affected with lichen; presents several pustules (ecthymatous) and scabs, a few vesicles on the forehead and nose.
258. *LICHEN SYPHILITICUS*. Model of the arm of an adult. Papulæ of a dingy copper colour, in some parts scurfy exfoliation. There are scattered small ecthymatous pustules on the arm.
259. *LICHEN SYPHILITICUS*. Model of an arm affected as the preceding preparation.
260. *LICHEN SYPHILITICUS*. This model is that of an arm affected with papular eruption, which in several parts is becoming scaly (lepra) after syphilis.
261. *LICHEN SYPHILITICUS*. Model of an arm affected with lichen; the papulæ large, and some of them presenting thin scales on their summits.
262. *LICHEN SYPHILITICUS*. In this model some of the papulæ appear to be inflamed, and show commencing pustulation (ecthymatous).
263. *LICHEN SYPHILITICUS*. Model of part of the abdomen, showing patches of copper-coloured lichen on the decline.
264. *LICHEN SYPHILITICUS*. Model of the back, affected with lichen after syphilis, intermixed with vesicles and pustules.
265. *LICHEN SYPHILITICUS*. Model of the bend of the elbow, affected with dusky copper-coloured lichen.
266. *LEPRA SYPHILITICA*. Model of the anterior abdominal wall of a patient affected with the coppery scaly patches of syphilitic lepra.
267. *LEPRA SYPHILITICA*. Model of an arm affected with circular and horseshoe patches of lepra of a dull copper colour.
268. *LEPRA SYPHILITICA*. The arm covered with numerous circular and irregular scaly blotches of a dusky red hue.

- 268<sup>5</sup>. *LEPRA SYPHILITICA*. This model is the same arm represented in 43. It shows the syphilitic blotches after the scales have ceased to form. In some of the blotches are distinct papulæ.
269. *LEPRA SYPHILITICA*. Model of the outer part of thigh and buttock of a child, æt. 7, affected with small circular scaly patches of a dingy hue.
270. *LEPRA SYPHILITICA*. Model of the arm and hand of an adult, presenting dull red circular blotches, covered with slight thin scales.
271. *ECTHYMA SYPHILITICUM*. Model of the fore-arm, presenting numerous scabs of ecthymatous pustules, surrounded with dull red inflammatory zones; in some parts minute pustules are observed.
- 271<sup>50</sup>. *ECTHYMA CACHECTICUM*, with *Rupia*. Model of the shoulder and part of the arm; vesicles, simulating *rupia*, with pustules and scabs of ecthyma, probably after syphilis.
272. *ECTHYMA SYPHILITICUM*. Model of the arm of a man, thickly covered with ecthymatous pustules, in various stages, after syphilis; in some parts little more than papular enlargement, in others minute pustules or thick scabs.
273. *ECTHYMA SYPHILITICUM*. Model of the back of a man, presenting large circular scabs, following ecthyma, in a patient affected with syphilis. Ulceration has taken place beneath the scabs in several parts; some of these patches are three to four inches in circumference.
274. *RUPIA SYPHILITICA*. Model of a leg, affected with syphilitic *rupia* in various stages; thick scabs on an ulcerated surface, with copper-coloured surrounding inflammation, in other parts commencing vesication.
275. *TUBERCULA SYPHILITICA*. Model of the face of a woman, thickly studded with smooth, dull red tubercles, following syphilis.

276. TUBERCULA SYPHILITICA. Model of the face of a woman presenting smooth tubercles of a dingy colour, following syphilis.

(See Drawing 154.)

277. TUBERCULA SYPHILITICA. Model of the face of a boy, affected with venereal tubercles and blotch; with ulceration on a strumous skin.

(See Drawing 140.)

278. TUBERCULA SYPHILITICA. Model of the hand and fore-arm of woman, affected with smooth, coppery, venereal tubercle.

279. TUBERCULA SYPHILITICA. Model of the hand and arm, affected with syphilitic tubercles, becoming warty. There are also common warts on the hand.

280. TUBERCULA SYPHILITICA? Model of the hand of a woman, presenting a peculiar condition of the hand after syphilis; on the palm the cuticle is removed from an irregular surface and exposes a red inflamed cutis beneath; in several other parts similar smaller patches are observed, or the cuticle is not removed, but of a coppery hue.

281. SYPHILIS CONGENITALE. Model of the face of a child, presenting small circular blotches on the lips, cheeks, and eyelids.

The child was aged two months, and this syphilitic eruption made its appearance five weeks after birth. The mother confessed that she had had venereal disease nine years before; she had borne two other children, who had been similarly affected.

282. SYPHILIS CONGENITALE. Model of the face and neck of a child, presenting syphilitic blotch and discoloration; the lip are fissured, swollen, and wrinkled. The scalp is similarly affected.

283. SYPHILIS CONGENITALE. Model of an infant affected with venereal blotch, partially ulcerated, and with petechiæ.

The mother of the child brought the infant to Guy's, under Dr. Addison's care; it was seven or eight weeks old, and the eruption appeared three weeks after birth. The mother denied syphilitic taint.—C. A. Key's Inspection Book, p. 62.

The mother only brought the child a few times to the hospital.

284. SYPHILIS CONGENITALE, HERPES. Model of the arm of an infant, presenting circular dull red discoloration of syphilitic origin; at the circumference of these blotches are minute vesicles, arising from ill-health consequent on the mother's milk.

285. SYPHILIS CONGENITALE. Model of the back and legs of an infant, presenting numerous scaly syphilitic blotches; around the anus and on the glutei regions, the disease is most severe, and the colour of a deeper hue.

288<sup>5</sup>. SYPHILIS CONGENITALE, POMPHOLYX. Model of the leg and thigh of an infant, covered with syphilitic blotch, and presenting large blebs of pompholyx; some of these blebs followed by scabs, or merely an excoriated surface.

This infant was about six months old, with general syphilitic blotch; after a few days the condition represented presented itself. The child ultimately died. The father had syphilis.

#### ANTHRAX:—

286 ANTHRAX. CARBUNCLE. Model of the shoulder and back of a young person, presenting large carbuncle, with numerous round openings on the surface, from which offensive pus and sloughing tissue is oozing.

287. ANTHRAX. CARBUNCLE. Model of the back of an adult, presenting a very large carbuncle, in almost similar condition to the preceding.

288. ANTHRAX. CARBUNCLE. Model of the back of the same patient as above, after crucial incision had been made.

289. ANTHRAX. CARBUNCLE. Model of the back of a patient, presenting a large granulated surface after carbuncle, the sloughing tissue nearly removed. The edges are purplish, raised, and contracting.

#### MELANOSIS:—

290. MELANOSIS. Model of the face of a man, presenting a melanotic tubercular growth, near the angle of the eye.

See model of the liver affected with melanotic tubera.



291. MELANOSIS. Model of the breast and shoulder of a woman, presenting several melanotic tumours of the skin; two on the shoulder, another on the axilla, several on the breast. The largest is to the left of the mamma, about three inches in diameter.

292. MELANOSIS. Model of the leg of a woman, aged about forty-six, presenting numerous small confluent and semi-confluent melanotic tumours, extending from the knee nearly to the ankle; at the lower portion the surface is extensively ulcerated, in other parts less so. The periosteum of the tibia was similarly affected; there was also a small melanotic tumour at the apex of the heart; the colon and the inguinal glands were affected with cerebriform and melanotic deposit.

See preparations 1257<sup>50</sup>, 1559<sup>35</sup>, 1400<sup>20</sup>, 1874<sup>59</sup>. Drawing 52<sup>55</sup>.

293. MELANOSIS. Model of the foot of a young woman, affected with melanotic cutaneous tumours. The larger one is situated about the centre of the dorsum, an inch in diameter, considerably raised, of a black colour, and with surrounding inflammatory redness.

The tumour was removed by B. B. Cooper, Esq.; but the patient died of carcinomatous visceral disease.

293<sup>5</sup>. MELANOSIS. Model of the anterior part of the chest of a man, presenting very numerous dark, leaden-coloured, small, cutaneous tumours of melanosis. The whole surface affected. The tumours varied in size from a quarter of an inch to half an inch.

The man was admitted under Mr. Birkett's care, November, 1853, with a small ulcer on the dorsum of the foot; small melanotic tumours formed on the whole body, and rapidly increased in size and number. After death, a large melanotic mass was found in the omentum; the lumbar and mediastinal glands were also affected.

Case of James Humm, æt. 60. He was by trade a weaver, and the tumour and subsequent ulceration of the foot commenced a year and a half before admission. See Drawing 188<sup>27-26</sup> and 463.

295<sup>6</sup>. MELANOSIS. Model of the anterior part of the throat of the same patient, taken after death. The integument is divided, showing a section of one of the tumours.

## GLANDERS (EQUINIA):—

294. GLANDERS (Acute Farcy Glanders). Model of the head and chest of a man, affected with acute farcy glanders; there is offensive discharge from the conjunctiva and nares, and numerous prominent pustules, of various sizes, with slightly inflamed bases, are studded upon the neck, chest, and shoulders.

295. GLANDERS? Model of the side of a face affected with ulceration on the forehead and near the ear. It was of an obstinate character, and was supposed to be scrofulous; but there was some suspicion that it had been produced by infection from a glandered horse. He was twenty-five years of age, a groom, had been accustomed to dress a horse which was supposed to have glanders; six months before admission a sore on his forehead made its appearance, and in three weeks the sore over the parotid gland; a pimple at first formed, and afterwards ulceration supervened.

C. A. Key's Inspection Book, p. 63.

296. GLANDERS (Ulceration). Model of a hand affected with large, deep, intractable ulcers, with elevated edges, produced by the poison of glanders.

297. ULCERATION FROM BITE OF A SNAKE. Model of a foot, with large intractable ulcers on the sole, produced by the bite of a snake. The accident happened abroad, and the species of snake was not known.

298. GANGRENE OF THE SKIN. Model of the arm of a young woman, showing gangrene of the skin, believed by Dr. Addison to be the result of the application of some mineral acid.

299. ECCHYMOsis (after Death). Model of the back of a man, showing diffused ecchymosed patches arising after death.

300. WHITE TUBERCLE. Model of the head and face of an old woman, presenting, from the vertex to the nose, a white, raised, glazy line, about one inch in breadth, with inflamed

margin; to the left is a similar smaller line, with a transverse band; on the temple and nose is a smaller patch.

This patient was about fifty years of age; she had been married for some years, but had had no children. The disease appeared about twelve months before the model was taken, and was first indicated by the hair over the part affected becoming snowy white, and subsequently falling off. It commenced at the roots of the hair at the parting, as a spot, similar to that on the side of the nose; this spot extended upwards and downwards, and six months after the first appearance, a second spot appeared over the left eyebrow; both have gone on increasing, and are showing coalescence. She was in easy circumstances, and enjoyed better health than when she was a younger woman.—(Mr. Toulmin.)

This case corresponds in a very marked degree with the *Leuce* of Hippocrates, as described by Bateman.











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